ACORD

## CERTIFICATE OF LIABILITY INSURANCE BIGDC-1

DATE (MM/DD/YYYY) OP ID: SA

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CONCRETE CUTTING/DRILLING - STATE OF FLORIDA CERTIFICATE HOLDER D NSURED Big Doncrete Cutting & Core Drilling, Inc. 135 Pine Street Geneva, FL 32732 Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Rita Massey-Myer THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. OVERAGES ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? AND EMPLOYERS' LIABILITY × IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

772-286-4334

| CONTECT Margaret Kiess yes, describe under DESCRIPTION OF OPERATIONS below AUTOMOBILE LIABILITY POLICY X PECT LOC THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. UMBRELLA LIAB DED AURES ONLY AUTOS ONLY **EXCESS LIAB** ANY AUTO COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR TYPE OF INSURANCE RETENTIONS × AUTOS ONED OCCUR CLAIMS-MADE CERTIFICATE NUMBER: ZIA ADDL SUBR × CWP9698012 CWP9698012 CWP9698012 CWP9698012 POLICY NUMBER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. INSURER D : INSURER E : INSURER C: INSURER B INSURER A: Westfield Insurance Co. FINAL (AJC, No, Ext): 772-286-4334 EMARESS, mkless@stuartinsurance.net 04/02/2021 04/02/2022 Rented 04/02/2021 04/02/2022 AGGREGATE 04/02/2021 04/02/2022 BODILY INJURY (Per person) MM/DD/YYYYY (MM/DD/YYYY) 04/02/2021 04/02/2022 INSURER(S) AFFORDING COVERAGE Equipment E.L. DISEASE - EA EMPLOYEE E.L. EACH ACCIDENT EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) EACH OCCURRENCE BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) COMBINED SINGLE LIMIT (Ea accident) REVISION NUMBER: PRODUCTS - COMP/OP AGG GENERAL AGGREGATE PERSONAL & ADV INJURY MED EXP (Any one person) STATUTE (AJC, No): 772-286-9389 03/22/2021 NAIC# 2,000,000 2,000,000 1,000,000 2,000,000 2,000,000 1,000,000 1,000,000 500,000 25,000 1,000

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AUTHORIZED REPRESENTATIVE

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